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| CINCINNATI, | JH 45202 | | | (an a | 019 | (Signature) | |
| | | | | June 2 | 8, 2010 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | , | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/902,321 TILE OF INVENTION | 07/10/2001 COSMETIC COMPOS | SITIONS | Michael Lee Vatter | | 8160 | 8449 | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO NO | \$1510 | \$300 | \$0 | \$1810 | 06/28/2010 | |
| EXAM | IINER | ART UNIT | CLASS-SUBCLASS | | | | |
| YU, GINA C | | 1611 | 514-063000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 Fin 1.563). Change of correspondence address (or Change of Correspondence Address form PTOSB1122) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB1847; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name wilb per printed. | | | | |
| PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI | less an assignee is ident h in 37 CFR 3.11. Comp GNEE | ified below, no assignee oletion of this form is NO | (B) RESIDENCE: (CITY | atent. If an assigned assignment. and STATE OR CO | is identified below, the do | cument has been filed for | |
| THE PROCTER & GAMBLE COMPANY CINCINNATI, OHIO Lease check the appropriate assignce category or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ | | | | | | m entity Government | |
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| Authorized Signature | higgin | e . I . | TR. | Date June | | | |
| Typed or printed nam | Megan C. | Hymore | Registration No. 59,501 | | | | |

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